Health, Welfare Public Service

300 -57

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-004347
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Audrain	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Auxvasse 0140 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hospital — Length of stay in 1b 2 wks	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First: Rose	Middle: Virginia	Last: LaFon	4. DATE OF DEATH Month Day Year: Feb.13,1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: Dec. 29,1873	9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (City and state or country): Callaway County Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: John LaFon	13b. MOTHER'S MAIDEN NAME: Eva McCamey	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: unknown	17. INFORMANT: Florence LaFon	Address: Auxvasse Missouri	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebral Thrombosis	2-6-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis - Cerebral	3-28-56
DUE TO (c)	Hypertensive Cardiovascular Disease	?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 443X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-6-58, to 2-13-58 and last saw her/him alive on 2-12-58
Death occurred at 12:10 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Darry F O'Brien M.D.	22b. ADDRESS: Mexico Missouri	22c. DATE SIGNED: 2-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/14/57	23c. NAME OF CEMETERY OR CREMATORY: Westminister
23d. LOCATION (City, town, or county) (State): Callaway County Mo.		
24. FUNERAL DIRECTOR: Maupin	ADDRESS: Fulton Mo.	25. DATE RECD. BY LOCAL REG.: Feb 13-1958
26. REGISTRAR'S SIGNATURE: Blanche Neely		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Nancy A Stewart

Licensed Embalmer No. 3222

P. O. Address Fulton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.